Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF::

Title:: RESISTANCE ASSEMBLY

Attorney Docket Number:: 6502-1024

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SOUTH AFRICA
Status:: Full Capacity
Given Name:: WILLEM JOHANNES

Middle Name::

Family Name:: VAN STRAATEN

City of Residence:: SANDTON

State or Province of

Residence::

Country of Residence:: REPUBLIC OF SOUTH AFRICA

Street of Mailing 130 TRAFALGAR PLACE STREET

Address:: SANDHURST

City of Mailing Address:: SANDTON
State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF SOUTH AFRICA

Postal or Zip Code of Mailing Address:: 2196

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SOUTH AFRICA
Status:: Full Capacity
Given Name:: MICHAEL ROYDON

Middle Name::

Family Name:: PUZEY
City of Residence:: SANDTON

State or Province of

Residence::

Country of Residence:: REPUBLIC OF SOUTH AFRICA

Street of Mailing 130 TRAFALGAR PLACE STREET

Address:: SANDHURST

City of Mailing Address:: SANDTON
State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF SOUTH AFRICA

Number::			
Representative	Information		
Representative Customer		000466	
Number::			
Domestic Prior:	ity Information		
Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
Foreign Priori		Filing Date.	Drioritu
Country::	Application	Filing Date::	Priority
	Number::		Claimed::
SOUTH AFRICA	2003/0392	1/15/03	Yes
Assignment Info	rmation		
Assignee Name:			
Street of Mail:			
JULIOU OI MAIL			
City of Mailing	g Address::	4	
State or Provin	nce of Mailing Ac	ddress::	
Country of Mail	Ling Address::		
Postal or Zip (Code of Mailing A	Address::	
	-		

000466

Postal or Zip Code of Mailing Address:: 2196

Correspondence Information
Correspondence Customer